DEPARTMENT OF HEALTH AND H[illegible]AN SERVICES
CENTERS FOR MEDICARE & MED[illegible]ID SERVICES

45th 5/1/11

PRINTED: 03/29/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445276	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/28/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CUMBERLAND VILLAGE CARE AND REHABILITATION CENTER	136 DAVIS LANE LAFOLLETTE, TN 37766

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS 42 CFR 483.70(a) K3 BUILDING: 1-story Type V(111), unprotected, non-combustible construction with a complete automatic sprinkler system. K6 PLAN APPROVAL: 1983 and 1984 K7 SURVEY UNDER: 2000 EXISTING K8 182-bed SNF/NF	K 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Cumberland Village Care & Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure one (1) of nine (9) corridor fire doors were held open by approved devices. The findings include: Observation and interview with the Maintenance Director, on March 28, 2011, at 2:00 p.m. confirmed the corridor fire door by room 208	K 021	K 021 1. The corridor fire door by room 208 was repaired to close to a positive latch on 03/28/2011 by the Maintenance Director. 2. Other corridor fire doors were reviewed by the Maintenance Director on 03/28/2011 to confirm that they close to a positive latch. No residents were affected. 3. The Maintenance Director was re-educated by the Administrator on April 12, 2011 on corridor fire doors being closed to a positive latch.	04/18/11

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE: Administrator

(X6) DATE: 04/12/2011

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

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K 000	INITIAL COMMENTS 42 CFR 483.70(a) K3 BUILDING: 1-story Type V(111), unprotected, non-combustible construction with a complete automatic sprinkler system. K6 PLAN APPROVAL: 1983 and 1984 K7 SURVEY UNDER: 2000 EXISTING K8 182-bed SNF/NF	K 000	4. The Maintenance Director will assess corridor fire doors during monthly preventative maintenance program reviews to ensure that corridor fire doors close to a positive latch. Results of corridor fire door monitoring will be reviewed at our monthly Performance Improvement (PI) meetings. The center will be in substantial compliance by 04/18/2011.	
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure one (1) of nine (9) corridor fire doors were held open by approved devices. The findings include: Observation and interview with the Maintenance Director, on March 28, 2011, at 2:00 p.m. confirmed the corridor fire door by room 208	K 021		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 021	Continued From page 1 failed to close to a positive latch: K 025 NFPA 101 LIFE SAFETY CODE STANDARD SS=E Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure smoke walls are maintained. The findings include: Observation and interview with the Maintenance Director, on March 28, 2011 at 1:00 p.m. confirmed the smoke doors in the draft stop wall in the attic above the 200 and 300 areas failed to remain closed.	K 021 K 025	K 025 1. The smoke doors in the draft stop walls in the attic above the 200 and 300 areas were closed on 03/28/2011 by the Maintenance Director. 2. The Maintenance Director checked the smoke doors in the draft stop walls in all attic areas to confirm they were closed on 03/29/2011. No residents were affected. 3. The Maintenance Director was re-educated on maintaining smoke walls by the Administrator on April 12, 2011. The Maintenance Director will be responsible for educating the contractors that access the attic for the requirement that the smoke doors in the attic draft stop wall must remain closed. 4. The Maintenance Director will audit that smoke walls are maintained on a monthly basis. Results of audit will be reviewed at our monthly Performance Improvement (PI) meetings. Center will be in substantial compliance by 04/18/2011.	